



**GEORGIA BOARD for PHYSICIAN WORKFORCE  
MEETING MINUTES**

**Saturday, November 4, 2006  
8:45 a.m. – 11:05 a.m.**

**Emory Clinic B Building  
165 Clifton Road, NE  
Atlanta, GA**

**Board Members**

**Present**

Ralph Austin, Jr., M.D., Chair  
Joe Sam Robinson, Jr., M.D.  
J. Daniel Hanks, Jr., M.D., F.A.C.R.  
James R. Lowry  
Julia Hunter Jones  
Edward D. Conner, M.D.  
Jacinto del Mazo, M.D.  
D. Wayne Martin, MBA  
Gilbert S. Klemann, M.D., F.A.C.O.G.  
Reuben S. Roberts, Jr., M.D.

**Board Members**

**Absent**

Robert Copeland, M.D.  
Brian K. Burdette  
E. Chandler McDavid, M.D.  
Thomas L. Hatchett, Jr., M.D.  
David A. Rearick, D.O., MBA

**Staff Present**

Benjamin Robinson, Kelly McNamara, Colette Caldwell,  
Olive Jones-Golden

**Guests Present**

Linda Womack, Emory University  
D. Douglas Miller, M.D., Medical College of Georgia  
Thomas J. Lawley, M.D., Emory University School of Medicine  
Frank Don Diego, M.D., Atlanta Medical Center  
Betsy Bates, Morehouse School of Medicine  
Francis Dunston, M.D., Morehouse School of Medicine  
Joseph Hobbs, M.D., Medical College of Georgia  
Marilane Bond; Ed.D., MBA, Emory University School of Medicine  
Alan Dever, M.T., Ph.D., M.D. (Honorary), Health Services Analysis  
Dee Hanson, Mercer University School of Medicine  
Marcia Hutchinson, M.D., Medical Center of Central Georgia  
James R. Zaidan, M.D., MBA, Emory University School of Medicine  
Julie Kerlin, Medical College of Georgia  
Jalal Zuberi, M.D., Morehouse School of Medicine

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**CALL to ORDER**

Dr. Austin called the meeting to order at 8:45 a.m.

Dr. Austin introduced Dr. Thomas J. Lawley, Dean of Emory University School of Medicine to address the Board. Dr. Lawley welcomed the Board and guests, thanked the Board for its commitment to medical education and for helping Emory in getting their job done. He briefly advised the Board on the progress of the new medical education building, offered his help and suggested that the Board consider holding the next meeting in the new medical education building after its completion in May 2007.

**APPROVAL of  
MINUTES**

**Discussion**

Dr. Austin asked the Board for approval of the minutes from the August 13, 2006 meeting and informed the Board that on page three (3) of the minutes there was a point of clarification. Mr. Robinson explained the Board voted unanimously to give staff authority to redirect unspent funds under the GME program. As the Board passed the motion, it was to keep unspent funds within Family Medicine, but to allow staff to also allocate unspent funds toward Geriatrics when those instances arose. A couple of Board members understood the action to mean unspent Family Medicine Residency Capitation funds would be allocated across the other Family Medicine programs/positions currently under contract. Therefore, the Board's decision needs to be clarified.

**Action**

On **Motion (Hanks/Klemann)**, the minutes of the Georgia Board for Physician Workforce August 13, 2006 meeting were approved following a brief discussion and vote on an amendment as explained below.

**Action**

On **Motion (Lowry/Martin)**, the Board voted unanimously to approve amending the minutes of August 13, 2006 to reflect the Board's approval for staff to reallocate unspent funds from the Family Medicine Residency Capitation Program to other Family Medicine programs under contract with the Board.

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**CHAIRMAN'S REPORT**

Dr. Austin announced that the Board would operate as a Committee of the whole for the purpose of the Workforce Committee meeting. Following brief introductions, he called on Dr. del Mazo to present the Physician Workforce Committee's first item for discussion.

**PHYSICIAN  
WORKFORCE  
COMMITTEE**

**Discussion**

Dr. del Mazo asked for a motion to approve the Physician Workforce Committee Conference Call minutes of July 11, 2006.

**APPROVAL of  
MINUTES**

**Action**

On **Motion (Austin/Klemann)**, the Board approved the Physician Workforce Committee Conference call minutes of Tuesday, July 11, 2006. Dr. Klemann requested his middle initial be corrected on the final version of the minutes.

***Historical Overview of  
GBPW to Assess Physician  
Workforce Needs***

Dr. del Mazo introduced Dr. Dever and thanked him for coming to make a presentation to the Board. Dr. Dever has worked with the GBPW on a consulting basis since the mid-1980's and therefore is able to provide a historical overview of the agency's efforts to assess physician workforce needs.

Dr. Dever began by noting many people and organizations have played a part in the growth of the GBPW over the years. The General Assembly has transferred additional programs and funding to the GBPW, thereby increasing the Board's responsibilities. The Composite State Board of Medical Examiners, which is responsible for licensing physicians in Georgia, has been an important partner. The efforts and commitment of past and present members of the GBPW led to many accomplishments. These collective efforts have made the Board what it is today.

Dr. Dever then talked about the importance of the GBPW's efforts to monitor and evaluate the supply and distribution of physicians by specialty and geographic area. He touched on how the physician data has impacted on the state, the quality of the database, and what having complete and accurate data on the supply and distribution of physicians means to Georgia. Dr. Dever also pointed out how favorably Georgia's physician database is regarded by national entities and by other states.

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To give some perspective as to the breadth of the GBPW's efforts, Dr. Dever noted over 70 major reports that assessed the supply and distribution of physician in the state of Georgia have been produced. Additionally, the GBPW has received over 1,000 requests for information. The GBPW's physician database is a widely used and well respected data set.

Dr. Dever took a few minutes to briefly review the statutory provisions of the GBPW and explain how the physician license database relates to the Board's responsibilities.

Although analysis of Georgia's physician workforce began in the 1980's, it has taken years to reach the level of completeness and accuracy we have now. Dr. Dever emphasized that continuity is one of the most critical aspects to ensuring an effective, on-going database. If the integrity of the database is not maintained, the Board loses what it has worked so hard to achieve over the years. Certain data elements need to be captured during each physician license renewal cycle. For example: practice specialty; age; race; gender; practice patterns; practice setting; and county (or counties) of practice are all key pieces of data.

The GBPW is dependent on the Composite State Board of Medical Examiners to provide the raw physician license renewal data. Although the Composite State Board has exhibited some flexibility in modifying the physician license renewal form to include questions requested by the GBPW, the Composite State Board retains the final say in what questions are included. Therefore, it is imperative that the GBPW maintain a positive working relationship with the Composite State Board of Medical Examiners.

Several factors make Georgia's physician database one of the best in the country. The GBPW utilizes actual physician license renewal data (not a survey). As a result, there is a 100% completion rate. Also worth noting is the GBPW's adherence to stringent quality control standards, which have been developed and tested over time.

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**Some relevant points related to the GBPW's database versus other sources of physician workforce data:**

- The GBPW database provides the most accurate picture of physicians practicing in Georgia. The word “practicing” is key because the GBPW data is intended to give an account of active practicing physicians (i.e., those providing direct patient care). Accordingly, the following cases are subtracted from the data set: (a) physicians who maintain a GA medical license but practice in another state; (b) retired physicians; and, (c) most administrative positions.
- The American Medical Association (AMA) database includes physicians working in administrative positions, physicians who are licensed in a given state, but do not practice in the state, etc. Therefore, the AMA numbers are inflated and not a true picture of the practicing physician workforce.
- The Bureau of Health Professions does its own projections and maintains its own database, which is comprised mostly of information from the American Medical Association.
- Data sets maintained by professional organizations tend to be fairly accurate and can be referenced for information on specific physician specialties. However, these data sets are restricted to one or two specialties and therefore, cannot be used for a statewide analysis of overall physician supply and distribution.

**Policy Related Issues/Areas For Further Examination:**

- Supply and distribution of sub-specialists
- Determination of adequate/deficit/surplus ranges related to physician supply
- Standards for assessment (+/- .5 standard deviation or +/- 1 standard deviation)
- Service area determinations (Primary Care Service Areas, Secondary Care Service Areas, Tertiary Care Service Areas, and Quaternary Care Service Areas)
- Full-time equivalents (F.T.E.'s) based on workload, practice location/ geography, etc.
- Migration patterns of physicians

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**GBPW's Standard for Assessing Physician Workforce Needs**

Dr. Dever explained the nature of existing standards for assessing physician workforce needs. Unfortunately, most of the models are significantly outdated and have already been proven inaccurate when put to the test over time (e.g., GMENAC Standards). To develop reasonable, Georgia-specific standards, the GBPW first identified five core physician specialties (family medicine, internal medicine, pediatrics, OB/GYN, and general surgery). These physicians tend to be the first point of contact in communities, are present in larger numbers, and tend to have a broader geographic distribution. Therefore, these specialties were evaluated using Primary Care Service Areas. After evaluating the applicability of existing standards, the GBPW established a policy to use a target range versus a single numeric baseline. The standard was subsequently applied to derive adequate, deficit, and surplus ranges related to physician supply.

Dr. Dever emphasized there are some important issues (including geographic definitions) that need to be examined before the GBPW can establish standards to assess the supply of sub-specialist physicians.

In closing, Dr. Dever offered some specific recommendations for the Board's consideration as it moves forward and establishes future priorities.

**Dr. Dever's recommendations are as follows:**

1. Prepare a three-year physician workforce strategic plan (updated annually). Focus on the assessment of the supply and distribution of physicians in Georgia.
2. Continue to develop a co-operative arrangement with the Composite State Board of Medical Examiners in order to improve the on-line physician licensing process.
3. Recognize the GBPW has a long-standing, high-quality, comprehensive physician database (one of the best in the country).
4. Maintain the standard physician database to assure continuity of data analysis and assessment of the physician workforce.
5. Prepare a cost analysis to demonstrate the true cost associated with maintaining the GBPW's physician workforce database. Since this database is what enables the GBPW to report on the supply and distribution of physicians by specialty and geographic location, include all costs related to: data collection; data analysis; reporting; quality control; and overall maintenance of the information system.

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6. Establish an ongoing process for updating the GBPW's Need Standards (+/-0.5 and/or +/-1.0) for assessing the supply of physicians.
7. Recognize the relevance and caveats of applying the same standards to all specialties for all service area designations (sample size issues).
8. Continue to prepare standard "Physician Profiles" for primary care specialties.
9. Develop "profile reports" for sub-specialty physicians.
10. Assess the impact of residents on the physician workforce using the F.T.E. model.
11. Prepare "Physician Migration Pattern Profiles" to assess the intra-state and inter-state movement of physicians.
12. Update the Physician Workforce web file on a scheduled basis.
13. Continue to research and develop "models" to project the need for physicians in the state of Georgia.
14. Continue to support the tasks and efforts that have given us visibility, respect and credibility within the state and nationally for an accurate, timely and respected physician information reporting system.
15. Establish a "priority list" and "time schedule" to accomplish these recommendations.

Dr. del Mazo complimented Dr. Dever on the presentation and requested comments and questions. Following brief discussions from various members of the Board, Dr. del Mazo explained the purpose of the presentation was primarily a historical overview. He suggested the Board make a motion to show interest in Dr. Dever's recommendations.

**Action**

On **Motion (Austin/ Klemann)**, the Board voted to ask the Executive Committee to review Dr. Dever's suggestions and to bring recommendations back to the Board.

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**Strategic Planning  
Questions from the  
August Retreat**

**Goal 1**

**Discussion**

Goal 1 of the GBPW's Strategic Plan is to accurately project specific physician workforce needs. The following language was proposed for Objective 2: By the end of FY 2008, identify the physician specialties with the largest predicted deficits over the next 5-10 years.

**Action**

On **Motion (Austin/Roberts)**, the Board approved proposed language related to Goal 1, Objective 2 of the Strategic Plan.

**Goal 2**

**Discussion**

Goal 2 of the GBPW's Strategic Plan is to secure and focus funding to assure all Georgia citizens have access to culturally competent primary care and specialty physicians to meet their specific health care needs.

The following language was proposed for Objective 1: Prepare long-term strategies to solve physician deficits (as identified through Goal 1, Objective 2) and present recommendations to legislative leaders and decision makers in the medical education community.

Dr. del Mazo also made a recommendation that Objectives 4 and 5, which are currently listed under Goal 2, be moved under Goal 1.

**Action**

On **Motion (Klemann/Hanks)**, the Board approved proposed language related to Goal 2, Objective 1 of the Strategic Plan. In addition, the Board approved moving draft Objectives 4 and 5 from under Goal 2 and placing them under Goal 1.

**Update on Present/  
Ongoing Strategic  
Initiatives**

Dr. del Mazo asked Ms. McNamara to provide an overview of the two latest Fact Sheets: (a) Georgia's Trauma Physician Workforce; and (b) Spotlight on Critical Issues.

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***Fact Sheet: Georgia's  
Trauma Physicians***

Ms. McNamara explained the Georgia General Assembly created a Joint Trauma Study Commission in early 2006. The GBPW was asked to provide some overall information on physicians that are involved in trauma care.

Staff compiled a synopsis based on the 2004 license renewal data, which highlighted the supply and distribution of physicians who play a role in Georgia's trauma network. Dr. Robinson attended the meeting of the Joint Trauma Study Commission and indicated the GBPW's Fact Sheet was useful.

***Fact Sheet: Spotlight on  
Critical Issues***

Spotlight on Critical Issues is a new Fact Sheet the Board initiated last year in response to requests from some of our partner institutions, as well as associations such as the Medical Association of Georgia and the Georgia Academy of Family Physicians. This Fact Sheet primarily highlights what the Board sees as critical issues and potential responses to these issues.

The five areas that were highlighted as critical issues in 2006 included: a) rising medical education debt; b) changes in physician demographics and work preferences; c) ongoing decline in state and federal funding for Georgia's medical education system; d) ability of Georgia medical education system to respond to the workforce needs; and, e) disparities in physician specialty mix and distribution across rural and urban areas.

***Review of Research  
Topics/Strategies  
Previously Approved by  
the Committee/Board***

Dr. del Mazo asked Mr. Robinson to provide an overview of research topics and strategies previously approved by the Physician Workforce Committee and the Board.

Mr. Robinson explained the Board held a planning meeting two years ago and identified other potential research topics to explore. At this planning meeting, the Board also reaffirmed the need for the physician license data to remain the priority of the agency. The Board acknowledged the agency's limited staff resources, but expressed interest in enhancing research efforts if possible.

Three broad research areas were identified and prioritized by the Board. These areas were: (a) medical education; (b) marketplace issues; and, (c) diversity. In the area of medical education, the retention of graduates from Georgia's medical education system is an important consideration. Specifically, what factors influence retention and what can be done to

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increase retention? GBPW staff began talking with representatives from Emory University's Goizueta School of Business to see if they could possibly help us understand and respond to factors which impact physician retention. The relationship with the Goizueta School of Business is a new initiative and it's still in the beginning/planning stages. Staff will bring a research proposal back to the Physician Workforce Committee for feedback and approval.

In the area of diversity, the GBPW is able to collect some data from physician license renewals. However, there may be additional elements, such as cultural competency, which the GBPW could better understand. At the August GBPW Retreat, Dr. Higginbotham, Dean of Morehouse School of Medicine, said that Morehouse may be able to assist the GBPW with its research efforts. Subsequently, staff met with Dr. Higginbotham and other representatives from Morehouse School of Medicine. Though discussions are still in the preliminary stage, we think it may be possible for the GBPW to utilize a student from the Morehouse Master of Public Health Program as a research intern.

**Nominating Committee**

Dr. Hanks informed the Board the Nominating Committee recommends Jim Lowry for Secretary/Treasurer and Joe Sam Robinson, M.D. for Vice Chairman of the Georgia Board for Physician Workforce. Dr. Austin opened the floor for other nominations. Dr. Klemann moved that the nominations be closed.

**Action**

On Motion (**Klemann/Jones**), the Board voted to approve the nomination of Jim Lowry as Secretary/Treasurer and Dr. Joe Sam Robinson as Vice Chairman for the Georgia Board for Physician Workforce.

**Old Business**

***Update on Retreat***

Dr. Austin reminded members of the Board that the package they received in the mail prior to the meeting contained an overview of the planning process, as well as notes and suggestions related to the agency's Strategic Plan. The documents were prepared by Diane Schlachter, who served as the facilitator for the Board's August 2006 Strategic Planning Retreat.

***Committee Assignments***

Dr. Austin announced the following committee assignments:

**Budget & Contracts Committee:**

Jim Lowry – Committee Chair  
Edward Conner, M.D.  
Robert Copeland, M.D.  
Dan Hanks, M.D. .

**Physician Workforce Committee:**

Jacinto del Mazo, M.D. – Committee Chair  
Ralph Austin, M.D.  
Brian Burdette  
Gilbert Klemann,\* M.D.

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Thomas Hatchett, M.D.  
Julia Jones  
Dave Rearick, D.O.  
Reuben Roberts, M.D.

Wayne Martin, MBA  
E. Chandler McDavid, M.D.  
Joe Sam Robinson, M.D.

- \* Following the Board meeting, Dr. Klemann expressed a desire to serve on the Budget and Contracts Committee. Staff will follow-up with Dr. Austin and Dr. Klemann on this matter.

**Executive Director's  
Report**

***Expenditure Report***

Mr. Robinson informed the Board expenditures are on-track for this point in the fiscal year.

***Update on recent  
presentations***

Mr. Robinson stated on August 24, 2006 Senator Don Thomas and Representative Sharon Cooper convened a meeting of the Joint Committee on Medical Education.

The GBPW was asked to give a presentation. Mr. Robinson informed the Board he made the presentation, which stressed the importance of maintaining Georgia's medical education infrastructure. During the Joint Committee meeting there was some discussion about current issues facing Morehouse School of Medicine and Grady. The Joint Committee will likely meet again in 2007. Mr. Robinson said he will keep the Board informed.

***Update on recent  
budget submission***

At the August meeting, the Board instructed staff to prepare a white paper for OPB explaining the potential impact on Morehouse School of Medicine if federal matching dollars were lost. The white paper was submitted and based on feedback received, OPB seems to understand the importance of the matter. OPB's recommendations will be communicated to the Board as more information becomes available. Additionally, GBPW staff has been advised that Mercer is working in conjunction with Memorial Health University Medical Center to open a 6<sup>th</sup> medical school in Savannah. Additional information on the Mercer initiative will be communicated to the Board as details emerge.

***Update on resolutions***

Earlier in the year, the Board instructed staff to draft and submit resolutions to the Legislature to honor departing Board members. Mr. Robinson has been working on the resolutions and will try to identify a member of the General Assembly to introduce the resolutions during the 2007 Session.

**Executive Session:**

Dr. Austin, called for a closed Executive Session to discuss a personnel matter.

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**Action**

On **Motion (Hanks/Klemann)**, the Board approved a 3% salary increase for the Executive Director.

**Action**

On **Motion (Jones/Roberts)**, the Board unanimously recommended that staff members receive raises.

**Next Meeting**

Dr. Austin announced the next Board meeting will take place on January 27, 2007.

**Adjournment**

On **Motion (Robinson/Roberts)**, there being no further business to bring before the Board, the Board voted to adjourn.

Respectfully Submitted,

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Secretary/Treasurer